

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



**FLORIDA DEPARTMENT OF STATE**  
Sandra B. Northing  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

**95 APR 26 AM 9:45**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # F71568**

**(2)**

1. Corporation Name

**SCHON CREATIVE SERVICES, INC.**

Principal Place of Business

**TAMPA INTERNATIONAL AIRPORT  
MARROTT OFC LEVEL C48  
TAMPA FL 33607  
US**

Mailing Address

**P O BOX 23572  
TAMPA FL 33623  
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

**02/25/1982**

3a. Date of Last Report

**04/20/1994**

4. FEI Number

**59-2170164**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MALAND, ROBERT A.  
9100 S. DADELAND BLVD  
MIAMI FL 33156**

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

**FL**

B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                    |
|----------------|--------------------|
| TITLE          | PT                 |
| NAME           | SCHON, RONALD A.   |
| STREET ADDRESS | 4935 W BAYWAY PL   |
| CITY-ST-ZIP    | TAMPA FL           |
| TITLE          | VS                 |
| NAME           | SCHON, ELLEN ERICO |
| STREET ADDRESS | 4935 W BAYWAY PL   |
| CITY-ST-ZIP    | TAMPA FL           |
| TITLE          |                    |
| NAME           |                    |
| STREET ADDRESS |                    |
| CITY-ST-ZIP    |                    |
| TITLE          |                    |
| NAME           |                    |
| STREET ADDRESS |                    |
| CITY-ST-ZIP    |                    |
| TITLE          |                    |
| NAME           |                    |
| STREET ADDRESS |                    |
| CITY-ST-ZIP    |                    |

|                    |                                                                              |
|--------------------|------------------------------------------------------------------------------|
| 1.1 TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME           |                                                                              |
| 1.3 STREET ADDRESS |                                                                              |
| 1.4 CITY-ST-ZIP    | <b>33629-4833</b>                                                            |
| 2.1 TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME           |                                                                              |
| 2.3 STREET ADDRESS |                                                                              |
| 2.4 CITY-ST-ZIP    | <b>33629-4833</b>                                                            |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |                                                                              |
| 3.3 STREET ADDRESS |                                                                              |
| 3.4 CITY-ST-ZIP    |                                                                              |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |                                                                              |
| 4.3 STREET ADDRESS |                                                                              |
| 4.4 CITY-ST-ZIP    |                                                                              |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |                                                                              |
| 5.3 STREET ADDRESS |                                                                              |
| 5.4 CITY-ST-ZIP    |                                                                              |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |                                                                              |
| 6.3 STREET ADDRESS |                                                                              |
| 6.4 CITY-ST-ZIP    |                                                                              |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Ellen E. Schon*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Ellen E. Schon**

**4/19/95**

**(813) 287-0379**